



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HOTCHKISS et al. Docket No.: 369526-00101(346323)
Serial No.: 10/055,675 Art Unit: 2177
Filed: January 23, 2002 Examiner: Pannala, Sathyanaraya R
For: CLINICAL RESEARCH DATA MANAGEMENT SYSTEM AND METHOD

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 19 Page Amendment and Response Under 37 CFR 1.111;
 - ☒ Request for Extension of Time (2 Months); and
 - ☒ 36 Sheets of Replacement Drawings (FIGs. 1 - 31d).

STATUS

- ☒ Applicant claims small entity status under 37 CFR 1.27.

EXTENSION OF TIME

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00
<input type="checkbox"/>	four months	\$1,590.00	\$795.00

Fee \$225.00

- ☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF MAILING (37 CFR 1.8 (a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on February 17, 2005 with the U.S. Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by Yvette Yturralde-Owen.

Dated: February 17, 2005

Yvette Yturralde-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total *	51	Minus *0*	38	=	13	x25=	\$325		x50=	\$0
Indep. *	8	Minus *0*	6	=	2	x100=	\$200		x200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+180=	\$		x360=	\$0
						TOTAL ADDIT.FEE	\$525	OR	TOTAL ADDIT. FEE	\$0

- ☐ No additional fee for claims required.
☒ Total additional fee for claims required \$525.

FEE PAYMENT

- ☐ Attached is a check in the sum of \$ _____ for additional claims fee.
☒ Charge Account No. 50-2778 the sum of \$750 for the fee for additional claims fee (\$525) and extension of time for two (2) months (\$225).

FEE DEFICIENCY

- ☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.
☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Respectfully submitted,

DECHERT LLP



Leah Sherry
Reg. No. 43,918

Dated: February 17, 2005

DECHERT LLP
Customer No. 37509
P.O. Box 10004
Palo Alto, CA 94303-0961
Tel: 650. 813.4800
Fax: 650.813.4848